

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

14214

FILED MAY 13 1955

BIRTH NO. 21839 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2180

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville</u> <u>Rural #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research</u>		d. STREET ADDRESS (If rural, give location) <u>0830</u>	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>C.</u> c. (Last) <u>Handley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 24-1953</u>
9. AGE (In years last birthday) <u>6</u>		10. AGE (In years last birthday) <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clifford Handley</u>		13b. MOTHER'S MAIDEN NAME <u>Winnie Lee Creek</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. <u>none</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Clifford Handley</u>		17. ADDRESS <u>Parkville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Emphysema</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs from bed</u>  <u>7544</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/23</u> , 19 <u>53</u> , to <u>4/23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/23</u> , 19 <u>53</u> , and that death occurred at <u>8:05</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ethlyn Jennings</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Parkville Mo</u>	
23c. DATE SIGNED <u>4/25/53</u>			
24a. BURIAL CREMA- TION (Specify)		24b. DATE <u>April 25-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-25-53</u>		REGISTRAR'S SIGNATURE <u>Shadrach Smith</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>Deland H. Francis</u>		ADDRESS <u>Parkville</u>	

(Licensed Embalmer's Statement on Reverse Side)

mo

STATEMENT BY LICENSED EMBALMER

*Cause work only*  
I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was embalmed by me or by~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Leland H. Francis*

Licensed Embalmer No.

*3451*

P. O. Address

*Parkville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.